

## PRTF ADMISSION AND CONTINUED STAY CRITERIA CHECKLIST

Provider: \_\_\_\_\_  
Control #: \_\_\_\_\_

Consumer: \_\_\_\_\_

### **ADMISSION CRITERIA**

<b>All of the following criteria are necessary for admission. Rate as “1” if in compliance or “0” if out of compliance.</b>	
	<b>A.</b> The child/adolescent demonstrates symptomatology consistent with a DSM-IV-RT (AXES I-V) diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.
	<b>B.</b> The child/adolescent has a history of multiple hospitalizations or other treatment episodes and/or recent inpatient stay with a history of poor treatment adherence or outcome.
	<b>C.</b> Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual’s needs.
	<b>D.</b> The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive community-based treatment.

### **CONTINUED STAY CRITERIA**

<b>All of the following criteria are necessary for continuing treatment at this level of care. Rate as “1” if in compliance or “0” if out of compliance.</b>	
	<b>E.</b> The child/adolescent’s condition continues to meet admission criteria at this level of care.
	<b>F.</b> Treatment planning is individualized and appropriate to the individual’s changing condition with realistic and specific goals and objectives stated.
	<b>G.</b> Treatment planning should include active family or other support systems involvement.
	<b>H.</b> Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.
	<b>I.</b> If treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress.
	<b>J.</b> There is documented active discharge planning from the beginning of treatment.
	<b>K.</b> An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met.